

ELECTROENCEPHALOGRAPHIC (EEG) MONITORING AND VIDEO RECORDING

Policy Number: DIAGNOSTIC 106.1 T2

Effective Date: April 1, 2019

[Instructions for Use](#) ⓘ

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Related Policies

None

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General Benefits Package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	Yes ^{1,2}
Precertification with Medical Director Review Required	Yes ^{1,2}
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Inpatient ^{1,2} , Outpatient ²
Special Considerations	<p>¹Precertification with review by a Medical Director or their designee is required if electroencephalographic (EEG) monitoring and video recording is requested on an inpatient basis.</p> <p>²Precertification is not required:</p> <ul style="list-style-type: none"> • If the member is currently inpatient for another reason. • If requested on an outpatient basis. • If performed on an emergent basis.

COVERAGE RATIONALE

Electroencephalographic (EEG) Monitoring and Video Recording is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, see the MCG™ Care Guidelines, 23rd edition, 2019, EEG, Video Monitoring, M-580 (ISC).

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	Description
95951	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (e.g., for presurgical localization), each 24 hours

CPT® is a registered trademark of the American Medical Association

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Electroencephalographic (EEG) monitoring and video recording is a procedure and therefore is not regulated by the FDA.

There are many EEG devices used for monitoring and video recording. For information on classification of EEG devices, see the following website: <https://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/ucm316515.htm>. (Accessed December 7, 2018)

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
04/01/2019	<ul style="list-style-type: none"> New policy

INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.